

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.
091634 474
APPLICANT(S)

FILING DATE
08/08/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4	1						54						
5	1						55						
6	1						56						
7	1						57						
8		2		2			58						
9		2		2			59						
10		2		2			60						
11	1						61						
12	1						62						
13							63						
14		1	1	1			64						
15	1		1		1		65						
16		1		1			66						
17	1						67						
18		1					68						
19	1						69						
20		1					70						
21	1						71						
22		1					72						
23	1						73						
24	1						74						
25	1						75						
26			1				76						
27		1					77						
28	1						78						
29	1		2				79						
30	1						80						
31		1		1			81						
32		1		1			82						
33	1						83						
34	1						84						
35		1		1			85						
36		1		1			86						
37	1						87						
38		1		1			88						
39	1		1				89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		5		1		TOTAL IND.						
TOTAL DEP.	20		13		1		TOTAL DEP.						
TOTAL CLAIMS	24		20		2		TOTAL CLAIMS						